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## APPLICANTS

Stephen Felix Sagan, Lexington, MA;

Torsten Volker Platz, Cambridge, MA;

\*\* CONTINUING DATA \*\*\*\*\* *None HCB*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None HCB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<i>Harshitham HCB</i> Examiner's Signature Initials				

## ADDRESS

021013  
 AGFA CORPORATION  
 LAW & PATENT DEPARTMENT  
 200 BALLARDVALE STREET  
 WILMINGTON, MA  
 01887

## TITLE

Plate scanning system with field replaceable laser source subsystem

FILING FEE  RECEIVED 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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